

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		1				
3		1				
4		1				
5		1				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13		2				
14	1					
15		1				
16		2				
17		2				
18		2				
19	(1)					
20	(1)					
21	1					
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50						
TOTAL IND.	5					
TOTAL DEP.	380					
TOTAL CLAIMS	380					

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
51												
52												
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